

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL SHAW**

Mailing Address 1030 SWINKS MILL RD

City	State	Zip Code
MCLEAN	VA	22102-2161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**MAINFRAME COMPUTER SOFTWARE DEVE**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2250.00**

**Transaction ID : SA17.466169**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**1000.00**

**B. Full Name (Last, First, Middle Initial)**

**PATRICIA G SHAW**

Mailing Address 113 ABIGAIL LANE

City	State	Zip Code
WILLIAMSBURG	VA	23185-6506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**HAPPY HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.324909**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

**C. Full Name (Last, First, Middle Initial)**

**PATRICIA G SHAW**

Mailing Address 113 ABIGAIL LANE

City	State	Zip Code
WILLIAMSBURG	VA	23185-6506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**HAPPY HOMEMAKER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**325.00**

**Transaction ID : SA17.372599**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**100.00**

**Subtotal Of Receipts This Page (optional)**.....

**1200.00**

**Total This Period (last page this line number only)**.....